



CONTRACTOR'S
PLUMBING PERMIT APPLICATION

PL1212 (R2025-03)

FOR OFFICE USE ONLY
Permit Number

Important: This PDF was designed to be filled in with Adobe Acrobat Reader only.
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Permit Type: ☐ Plumbing ☐ CCCD ☐ Hydronic ☐ Private Sewage Treatment ☐ Solar Thermal ☐ Water Reuse

Contractor Name				ID Number
Job Address (Suite, House No., Street, Quadrant)				
Category of Work <input type="checkbox"/> Commercial <input type="checkbox"/> Multi-Family <input type="checkbox"/> Residential		Type of Work <input type="checkbox"/> New <input type="checkbox"/> Improvement		
Detailed Description of Work				
Specific Location / Additional Information				
Total Job Cost \$	<input type="checkbox"/> Charge working without a permit fee	Permit Fees \$	SCC Surcharge \$	Total Permit Fee \$
City Qualified Tradesman (CQT) Name (if different than above)		Phone Number	Email Address	
Job Name			Job Number	Related Building Permit Number
On-Site Contractor Contact Name (if different than CQT)		Phone Number	Email Address	
Owner Name		Phone Number	Email Address	
Pressure Reducing Valve <input type="checkbox"/> No <input type="checkbox"/> Yes		Cross Connection Control Devices <input type="checkbox"/> No <input type="checkbox"/> Yes		Number of CCC Devices
Solar Hydronic Heat <input type="checkbox"/> No <input type="checkbox"/> Yes	Hydronic is Primary Source of Heat <input type="checkbox"/> No <input type="checkbox"/> Yes	Private Sewage Holding Tank <input type="checkbox"/> No <input type="checkbox"/> Yes		Private Sewage Treatment System <input type="checkbox"/> No <input type="checkbox"/> Yes

DECLARATION:

I declare that I, or a qualified employee under proper supervision, will be performing the work applied for as stipulated in this permit application. As the property owner's agent, I have verified that the information contained within this application and all associated documents is correct and complete. The City Qualified Tradesman responsible for this permit application accepts accountability for ensuring successful completion of all required City inspections at the appropriate stages of construction. I acknowledge that neither the granting of a permit, nor the approval of plans and specifications, nor inspections by a Safety Codes Officer shall in anyway relieve the owner or the owner's agent from full responsibility for carrying out the work in strict accordance with the Safety Codes Act, the Alberta Building Code and all relevant City Bylaws, Provincial and Federal Statutes or Regulation in force.

I am aware that this permit may expire after 180 calendar days. Please refer to permit expiry conditions for further information.

I declare that I have read and agree to abide by the conditions above.

CQT Name (Please Print)	CQT Signature	Date (YYYY-MM-DD)
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The personal information on this form is being collected under the authority of The Calgary Building Permit Bylaw 64M94 (Section 5) and amendments thereto. It will be used for the permit review and inspection processes and may be communicated to relevant City Business Units, utility providers, and Alberta Health Services. It may also be used to conduct ongoing evaluations of services received from Planning, Development & Assessment. The name of the applicant and the nature of the permit will be available to the public. Please send inquiries by mail to the FOIP Program Administrator, Planning, Development & Assessment, PO Box 2100, Station M, Calgary, AB T2P 2M5 or contact us by phone at 311.